Scottish Paediatric Society Summer Meeting
Friday 2 June 2017
University Hospital Crosshouse, Kilmarnock Road, Kilmarnock, KA2 0BE

Programme

0900 - 0945 Executive committee meeting
0915 - 0950 REGISTRATION AND COFFEE
0950 - 1000 Welcome from Dr Donald Macgregor SPS President

SESSION 1  Research / Audit Presentations

CHAIRPERSON  Dr Donald Macgregor, SPS President

1000 - 1015 The changing costs of an E-Coli outbreak
David Poulton, SC. Tan, L.Clerihew, C.Morrison, T. McMichael
Ward 29, Ninewells Hospital and Medical School Dundee, DD2 1UB

1015 - 1030 Optimization of resources provided to patients and families to improve
hospital experience and patient satisfaction
Marianna Przybylska¹, Sonia Joseph²
¹University of Edinburgh, Edinburgh, EH8 9YL
²Department of General Paediatrics, Royal Hospital for Children, Edinburgh

1030 - 1045 The rise in Autism: Is it Real? Trends in Pre-school Autism Diagnosis in
Forth Valley
Leanne Brennan, Michael Colvin, Kathleen Skinner, Jessica Street
Forth Valley Royal Hospital, Larbert, FK5 4WR

1045 - 1100 Chronic Recurrent Multifocal Osteomyelitis (CRMO): A Scottish
Case Series
Catriona Anderson, K. Wilson, E. Lindell, P. Fowlie, J. Walsh, A. Goldspink
N. Martin, J E. Anderson on behalf of SPARN
Royal Hospital for Children, Glasgow, G514TF

1100 - 1115 A case note review of Sodium Valproate prescribing for the
management of childhood epilepsy in female patients aged 0-18 years
Lucy Godsiff, Joanne Pascual, Calum Morrison, Christine Findlay
Paediatric Department, Crosshouse Hospital, Kilmarnock, KA2 0BE

1115 - 1130 Post immunisation fever - what should we do?
Gillian Campbell, R. Bland, S. Hendry
Emergency department, Royal Hospital for Children, Glasgow, G51 4TF

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1130 - 1200  
**COFFEE BREAK**

### SESSION 2

**CHAIRPERSON** Dr Christine Findlay, Consultant Paediatrician

**1200 - 1245**  
**Making Sense of FASD - A guide for Paediatricians**  
Dr Sarah Brown, Consultant Community Paediatrician, Crosshouse Hospital

*Aim and objectives of presentation:*

It is estimated that 1% of live births are affected by Fetal Alcohol Syndrome. However, this number does not include the full spectrum of fetal alcohol disorders (FASD) which experts estimate may be as high as 2 to 5 per 100 school children (or 2% to 5% of the population). This ‘hidden disability’ remains largely unrecognised and has a considerable impact on individuals, and society as a whole.

This lecture will provide an overview of FASD and make the argument for why recognition and diagnosis is vital. It will explore the roles of the neonatologist and paediatrician, and provide an overview of the multi-disciplinary assessment. As only approximately one-third of children and young people receive the correct diagnosis, it will also explore what alternative diagnoses these children receive, and in which clinical settings FASD should be considered as a differential diagnosis.

**1245 - 1300**  
**RCPCH update**  
Dr Steve Turner, RCPCH Scottish Officer

### SESSION 3

**CHAIRPERSON** Dr, Sheena Kinmond SPS President Elect

**1400-1445**  
**Medicine-based evidence in child protection: the truth, the whole truth and nothing but the truth?**  
Dr Jack Beattie, Retired Consultant Paediatrician, School of Law, University of Edinburgh

*Aims and objectives of presentation:*

In recent years, in the face of a number of high profile miscarriages of justice, the UK media and the justice system have paid a great deal of attention to the role of expert witnesses in child protection cases. Some paediatricians who provided expert testimony have been publicly vilified and subjected to professional investigation, while the cases have provoked calls for major reform of the use of expert testimony by the courts.

These events suggest that there may be some particular problems with paediatric forensic opinion evidence in alleged child abuse.
This lecture will look under the surface of such emotionally charged cases to expose some of the challenges child protection paediatricians face, including hidden factors that may distort forensic diagnostic assessment, and the questionable foundations of the evidence base that should support such clinical judgments.

Finally, how “certainty” should be expressed in diagnostic forensic opinions will be discussed, recognising that doctors’ use of scientific evidence to make diagnoses differs from the way that the courts use evidence to make judgments – for scientific truth is not the same as legal truth.

Clinical Case Presentations

1445 - 1500    HUS: It’s not all about 0157
                Sheena Logan, Louise Pittendrigh, David Hughes
                Ward 3c, Renal Unit, Royal Hospital for Children, Glasgow, G51 4TF

1500 - 1515    Juvenile Dermatomyositis: A difficult diagnosis to swallow
                Jed Bamber1, Susan Grosse2, Neil Martin1
                1Department of Paediatric Rheumatology, Royal Hospital for Children, Glasgow, G51 4TF
                2Department of Paediatric Speech and Language, Royal Hospital for Children, Glasgow, G51 4TF

1515 - 1530    Getting to the heart of the virus
                David Beattie, Una Macfadyen
                Forth Valley Royal Hospital, Larbert, FK5 4WR

1530 - 1545    Brain abscess in the premature infant with post haemorrhagic hydrocephalus: A diagnostic dilemma
                Sue Lim, Shetty Bhushan
                Ninewells Hospital and Medical School, Dundee, DD1 9SY

1545 - 1600    Invasive group A Streptococcal (iGAS) - the new meningococcal?
                Sairah Akbar, B. Parcell, P. Brown, M. Lehri, M. Osman
                Royal Aberdeen Children’s Hospital, Aberdeen, AB25 2ZG

1600 - 1615    Not all babies have intrauterine growth restriction: A case of Russell Silver Syndrome
                Andrew Maclaren, Jonathan Coutts, Karen Mackenzie, Lesley Jackson
                Department of Neonatal Medicine, Royal Hospital for Children, Glasgow, G51 4TF

1620            Prize presentations
                Dr Donald Macgregor, SPS President

1625            Close and departure
                Dr Donald Macgregor, SPS President